

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 43

For Official Use Only

Statement covers period

from 01/01/2019

through 03/31/2019

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☒ Sponsored
☒ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☒ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
902770

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California State Council of Laborers PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS
info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER
Jon Preciado

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Monte	CA	91731	(616)350-6900

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/18/2019 By Jon Preciado
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/18/2019 By Jon Preciado
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460 Page 3 of 43 I.D. NUMBER 902770
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California State Council of Laborers PAC

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$336,916.80	\$336,916.80
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$336,916.80	\$336,916.80
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$336,916.80	\$336,916.80

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$562,324.93	\$562,324.93
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$562,324.93	\$562,324.93
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$562,324.93	\$562,324.93

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$530,871.48	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$336,916.80	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$562,324.93	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$305,463.35	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 4 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. Number 902770

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$336,916.80
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$336,916.80

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2019
through 03/31/2019

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

I.D. NUMBER
902770

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

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Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 01/01/2019

through 03/31/2019

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

I.D. NUMBER
902770

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/7/2019	Bill Dodd Ballot Measure Committee for Progress, Reform and a Strong California	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Wendy Carrillo for Assembly 2020 Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: David Chiu for Assembly 2020 Candidate Name: David Chiu State Assembly Person District 17 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$560,900.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$560,900.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

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FORM 460**

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NAME OF FILER
California State Council of Laborers PAC

I.D. NUMBER
902770

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2019	Payee Name: Laura Friedman for Assembly 2020 Candidate Name: Laura Friedman State Assembly Person District 43 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Tom Daly for Assembly 2020 Candidate Name: Tom Daly State Assembly Person District 69 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Lorena Gonzalez for Assembly 2020 Candidate Name: Lorena Gonzalez State Assembly Person District 80 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Irwin for Assembly 2020 Candidate Name: Jaqui Irwin State Assembly Person District 44 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
 California State Council of Laborers PAC

I.D. NUMBER
 902770

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2019	Payee Name: Chris Holden for Assembly 2020 Candidate Name: Chris Holden State Assembly Person District 41 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Evan Low for Assembly 2020 Candidate Name: Evan Low State Assembly Person District 28 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Jim Cooper for Assembly 2020 Candidate Name: Jim Cooper State Assembly Person District 9 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Jose Medina for Assembly 2020 Candidate Name: Jose Medina State Assembly Person District 61 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2019</u>		
through <u>03/31/2019</u>		Page <u>11</u> of <u>43</u>
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2019	Payee Name: Rendon for Assembly 2020 Candidate Name: Anthony Rendon State Assembly Person District 63 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Eggman for Assembly 2020 Candidate Name: Susan Eggman State Assembly Person District 13 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Rudy Salas for Assembly 2020 Candidate Name: Rudy Salas State Assembly Person District 32 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Phil Ting for Assembly 2020 Candidate Name: Phil Ting State Assembly Person District 19 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

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NAME OF FILER
 California State Council of Laborers PAC

I.D. NUMBER
 902770

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2019	Payee Name: Cristina Garcia for Assembly 2020 Candidate Name: Cristina Garcia State Assembly Person District 58 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Jim Wood for Assembly 2020 Candidate Name: Jim Wood State Assembly Person District 2 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Cecilia Aguiar-Curry for Assembly 2020 Candidate Name: Cecilia Aguiar-Curry State Assembly Person District 4 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Gipson for Assembly 2020 Candidate Name: Mike Gipson State Assembly Person District 64 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

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NAME OF FILER
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 902770

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2019	Payee Name: Kevin Mullin for Assembly 2020 Candidate Name: Kevin Mullin State Assembly Person District 22 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Blanca Rubio for Assembly 2020 Candidate Name: Blanca Rubio State Assembly Person District 48 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Jones-Sawyer for Assembly 2020 Candidate Name: Reggie Jones-Sawyer State Assembly Person District 59 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Ed Chau for Assembly 2020 Candidate Name: Ed Chau State Assembly Person District 49 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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I.D. NUMBER
 902770

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3/22/2019	Payee Name: Jim Frazier for Assembly 2020 Candidate Name: Jim Frazier State Assembly Person District 11 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Nazarian for Assembly 2020 Candidate Name: Adrin Nazarian State Assembly Person District 46 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Re-Elect James Ramos for Assembly 2020 Candidate Name: James Ramos State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2019	Payee Name: Ian Calderon for Assembly 2020 Candidate Name: Ian Calderon State Assembly Person District 57 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2019	Payee Name: Marc Berman for Assembly 2020 Candidate Name: Marc Berman State Assembly Person District 24 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Rob Bonta for Assembly 2020 Candidate Name: Rob Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Autumn Burke for Assembly 2020 Candidate Name: Autumn Burke State Assembly Person District 62 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Sabrina Cervantes for Assembly 2020 Candidate Name: Sabrina Cervantes State Assembly Person District 60 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

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3/26/2019	Payee Name: Ash Kalra for Assembly 2020 Candidate Name: Ash Kalra State Assembly Person District 27 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Gray for Assembly 2020 Candidate Name: Adam Gray State Assembly Person District 21 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Stern for Senate 2020 Candidate Name: Henry Stern State Senator District 27 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Jesse Gabriel for Assembly 2020 Candidate Name: Jesse Gabriel State Assembly Person District 45 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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3/26/2019	Payee Name: Muratsuchi for Assembly 2020 Candidate Name: Al Muratsuchi State Assembly Person District 66 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Robert Rivas for Assembly 2020 Candidate Name: Robert Rivas State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Santiago for Assembly 2020 Candidate Name: Miguel Santiago State Assembly Person District 53 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Friends of Frank Bigelow for Assembly 2020 Candidate Name: Frank Bigelow State Assembly Person District 05 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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3/27/2019	Payee Name: Chad Mayes for Assembly 2020 Candidate Name: Chad Mayes State Assembly Person District 42 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Rebecca Bauer-Kahan for Assembly 2020 Candidate Name: Rebecca Bauer-Kahan State Assembly Person District 16 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Kansen Chu for State Assembly 2020 Candidate Name: Kansen Chu State Assembly Person District 25 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Bloom for Assembly 2020 Candidate Name: Richard Bloom State Assembly Person District 50 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

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3/27/2019	Payee Name: Eduardo Garcia for Assembly 2020 Candidate Name: Eduardo Garcia State Assembly Person District 56 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Tim Grayson for Assembly 2020 Candidate Name: Tim Grayson State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Rodriguez for Assembly 2020 Candidate Name: Freddie Rodriguez State Assembly Person District 52 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Dr. Weber for Assembly 2020 Candidate Name: Dr. Shirley Weber State Assembly Person District 79 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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to whole dollars.

SCHEDULE D (CONT.)

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3/27/2019	Payee Name: Tasha Boerner Horvath for Assembly 2020 Candidate Name: Tasha Boerner Horvath State Assembly Person District 76 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Heath Flora for Assembly 2020 Candidate Name: Heath Flora State Assembly Person District 12 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	Payee Name: Sharon Quirk-Silva for Assembly 2020 Candidate Name: Sharon Quirk-Silva State Assembly Person District 65 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$60,000.00	\$145,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

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3/27/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$60,000.00	\$145,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/27/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$145,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Buffy Wicks for Assembly 2020 Candidate Name: Buff Wicks State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Re-Elect Ken Cooley for Assembly 2020 Candidate Name: Ken Cooley State Assembly Person District 08 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
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Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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3/28/2019	Payee Name: Kamlager for Assembly 2020 Candidate Name: Sydney Kamalager State Assembly Person District 54 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Friends of Marc Levine for Assembly 2020 Candidate Name: Marc Levine State Assembly Person District 10 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Limon for Assembly 2020 Candidate Name: Monique Limon State Assembly Person District 37 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Kevin McCarty for Assembly 2020 Candidate Name: Kevin McCarty State Assembly Person District 07 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
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SCHEDULE D (CONT.)

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3/28/2019	Payee Name: O'Donnell for Assembly 2020 Candidate Name: Patrick O'Donnell State Assembly Person District 70 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Bill Quirk for Assembly 2020 Candidate Name: Bill Quirk State Assembly Person District 20 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Luz Rivas for Assembly 2020 Candidate Name: Luz Rivas State Assembly Person District 39 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
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Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

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NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2019	Payee Name: Christy Smith for Assembly 2020 Candidate Name: Christy Smith State Assembly Person District 38 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/28/2019	Payee Name: Friends of Mark Stone for Assembly 2020 Candidate Name: Mark Stone State Assembly Person District 29 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2020P: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$560,900.00		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460 Page 25 of 43 I.D. NUMBER 902770
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$483.63
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$798.95
Bill Dodd Ballot Measure Committee for Progress, Reform and a Strong California Sacramento, CA 95814	CTB			\$5,000.00
Committee ID: 1377491				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$562,324.93
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$562,324.93

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 26 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$142.35
Wendy Carrillo for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414497 David Chiu for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414326 Laura Friedman for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414465 Tom Daly for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1415111				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 27 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lorena Gonzalez for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414350				
Irwin for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414701				
Chris Holden for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1415357				
Evan Low for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414197				
Jim Cooper for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414095				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 28 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

SEE INSTRUCTIONS ON REVERSE

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jose Medina for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414629				
Rendon for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414788				
Eggman for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414650				
Rudy Salas for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414982				
Phil Ting for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414586				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 29 of 43
I.D. NUMBER 902770		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cristina Garcia for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414410				
Jim Wood for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414195				
Cecilia Aguiar-Curry for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1413989				
Gipson for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414387				
Kevin Mullin for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414186				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 30 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blanca Rubio for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414082				
Jones-Sawyer for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414383				
Ed Chau for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414235				
Jim Frazier for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414416				
Nazarian for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414380				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 31 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Re-Elect James Ramos for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414557				
Ian Calderon for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414594				
Marc Berman for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414419				
Rob Bonta for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414291				
Autumn Burke for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414347				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 32 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sabrina Cervantes for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414122				
Ash Kalra for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414276				
Gray for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414307				
Stern for Senate 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1392385				
Jesse Gabriel for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414962				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 33 of 43
I.D. NUMBER 902770		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Muratsuchi for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1415052 Robert Rivas for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414711 Santiago for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414642 Friends of Frank Bigelow for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414525 Chad Mayes for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414363				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 34 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rebecca Bauer-Kahan for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414500				
Kansen Chu for State Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414226				
Bloom for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414644				
Eduardo Garcia for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414577				
Tim Grayson for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1413991				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
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NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rodriguez for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414249				
Dr. Weber for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1414839				
Tasha Boerner Horvath for Assembly 2020 Sacramento, CA 95815	CTB			\$4,700.00
Committee ID: 1414240				
Heath Flora for Assembly 2020 Hilmar, CA 95324	CTB			\$4,700.00
Committee ID: 1414675				
Sharon Quirk-Silva for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414412				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 36 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95814	CTB			\$60,000.00
Committee ID: 741666 California Democratic Party Sacramento, CA 95814	CTB			\$60,000.00
Committee ID: 741666 California Democratic Party Sacramento, CA 95814	CTB			\$25,000.00
Committee ID: 741666 Buffy Wicks for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1415745 Re-Elect Ken Cooley for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414804				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 37 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kamlager for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1415232				
Friends of Marc Levine for Assembly 2020 San Rafael, CA 94901	CTB			\$4,700.00
Committee ID: 1413873				
Limon for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414193				
Kevin McCarty for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414627				
O'Donnell for Assembly 2020 Sacramento, CA 95814	CTB			\$9,300.00
Committee ID: 1415498				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 38 of 43
NAME OF FILER California State Council of Laborers PAC		I.D. NUMBER 902770

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95814	CTB		\$9,300.00
Committee ID: 1414368			
Bill Quirk for Assembly 2020 Sacramento, CA 95814	CTB		\$4,700.00
Committee ID: 1414232			
Luz Rivas for Assembly 2020 Sacramento, CA 95814	CTB		\$4,700.00
Committee ID: 1414301			
Christy Smith for Assembly 2020 Sacramento, CA 95814	CTB		\$9,300.00
Committee ID: 1414296			
Friends of Mark Stone for Assembly 2020 Sacramento, CA 95814	CTB		\$9,300.00
Committee ID: 1414361			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$562,324.93

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2019
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

I.D. NUMBER
902770

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2019
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

I.D. NUMBER
902770

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 01/01/2019
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

I.D. NUMBER
902770

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 01/01/2019
through 03/31/2019

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California State Council of Laborers PAC

I.D. NUMBER
902770

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

Schedule A - California State Council of Laborers, 1121 L Street, Suite 502, Sacramento, CA 95814 is the intermediary for all contributions.